


PRINTED: 09/08/2015
FORM APPROVED

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041075 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED C 08/05/2015 |
| NAME OF PROVIDER OR SUPPLIER ARBOR CARE ASSISTED LIVING | | STREET ADDRESS, CITY, STATE, ZIP CODE 510 BANNER AVENUE GREENSBORO, NC 27401 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| C 000 | Initial Comments Report of a Biennial Construction Complaint Survey by Ed Miller on August 5, 2015. Based on information obtained from the DHSR database, this facility was either first submitted or licensed on 06/28/1973. Therefore, this facility is required to meet the 1971 Homes for the Aged and Disabled Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds and the 1967 North Carolina State Building Code-Group "D". FACILITY IS LICENSED FOR 92 BEDS. Complaint C-267 The complaint alleged that an unoccupied portion of the facility (referred to as "Little House") was, moldy dirty and may be hazardous. Complaint was substantiated. | C 000 |  | |
| C 174 | Bedroom Furnishings-Table, Mirror, Chairs SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (2) a bedside type table; (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents; (4) a wall or dresser mirror that can be used by each resident; (5) a minimum of one comfortable chair (rocking or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; | C 174 | | Rooms are currently unoccupied and need repair. When repairs are complete, furniture will be moved into room to be in compliance. |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Administrator

(X6) DATE

9/10/15

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| C 174 | Continued From page 1 (B) additional chairs available, as needed, for use by visitors; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: The area referred to as the "Little House" had very little furnishings. | C 174 | | |
| C 189 | Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on August 5, 2015: a. There were holes that penetrate through the fire-resistance-rated wall and ceiling assembly thought-out the area referred to as the "Little House." | C 189 | "Little House" is currently empty and is separated from the building by a UL rated fire door that is being kept closed. Maintenance is scheduled to repair all walls. We hope to have repairs completed by 12/2015. If this is not soon enough, please call Robert @ 878 676-9063 | by 12/2015 |